

POSITION	INITIALS	ID NO.	DATE
<b>FEE DETERMINATION</b>			
<b>O.I.P.E. CLASSIFIER</b>		48	1/29/01
<b>FORMALITY REVIEW</b>	FR	1015	2/13/2001
<b>RESPONSE FORMALITY REVIEW</b>	SK	8V9	5/9/01

JC51 1019

2-15-01

**INDEX OF CLAIMS**

✓ ..... Rejected N ..... Non-elected  
 = ..... Allowed I ..... Interference  
 - (Through numeral)... Canceled A ..... Appeal  
 ÷ ..... Restricted 0 ..... Objected

Claim	Final	Original	Date
1	2	✓	1/16/01
2	✓	✓	1/16/01
3	✓	✓	1/16/01
4	✓	✓	1/16/01
5	✓	✓	1/16/01
6	✓	✓	1/16/01
7	✓	✓	1/16/01
8	✓	✓	1/16/01
9	✓	✓	1/16/01
10	✓	✓	1/16/01
11	✓	✓	1/16/01
12	✓	✓	1/16/01
13	✓	✓	1/16/01
14	✓	✓	1/16/01
15	✓	✓	1/16/01
16	✓	✓	1/16/01
17	✓	✓	1/16/01
18	✓	✓	1/16/01
19	✓	✓	1/16/01
20	✓	✓	1/16/01
21	✓	✓	1/16/01
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23	✓	✓	1/16/01
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42	✓	✓	1/16/01
43	✓	✓	1/16/01
44	✓	✓	1/16/01
45	✓	✓	1/16/01
46	✓	✓	1/16/01
47	✓	✓	1/16/01
48	✓	✓	1/16/01
49	✓	✓	1/16/01
50	✓	✓	1/16/01

Claim	Final	Original	Date
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Claim	Final	Original	Date
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If more than 150 claims or 10 actions  
staple additional sheet here

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